FNS Negative Action Case Review Sheet Used for NPAWG Review, not for QC Reviews

			Canaral Case	Information		
CASE NUMBER						
CASE NUMBER	E NUMBER CASE NAME		LOCAL OFFICE/COUNTY		ELIGIBILITY WORKER	
		TYPE OF CASE			TYPE OF	ACTION
☐ Application ☐ R	ecertificatio	n Interim Change	Other	Denial	Termination	Suspension
DATE OF APPLICATION DATE OF DENIAL/TERMINATION			AL/TERMINATION	INTERVIEW INFORMATION(Note N/A when applicable)		
				Date of Scheduled Appo	ointment:	
				Date Interview Notice Sent:		
			Date NOMI Sent:			
				Actual Interview Date:		
			0016	4.		
	1		QC Into	ormation		
REVIEW MONTH	REVIEW MONTH STATE QC REVIEWER			C FINDING (Brief explanation of Fed/State QC Determination)		
	TYPE O	F INVALID NEGATIVE		WAC AN EVI	DANDED STATI	E QC REVIEW CONDUCTED?
				WAS AN EXI		
☐ Procedural Error	∐ T	rue Invalid (Case would h	ave been eligible)		☐ Yes	☐ No
Expedited Services ☐ Case was not screened for expedited services ☐ Expedited screening was completed incorrectly ☐ Expedited screening was completed untimely ☐ Case was eligible for expedited services, but not provided ☐ Expedited services were processed and posted untimely						
 □ Requested □ Request for □ Case could □ Requested this? □ If Termination □ Case is Cat 	verificat verificat have be verificat on, Req egorica	een processed wition was needed uest for Contact lly Eligible and re	le or available rand/or did no vithout request for another prowas not maile equested verifi	t provide sufficieled verification ogram and not Sed	NAP. If so	return information , what verification was something that had not
□ Client was r□ NOMI was s□ Application	not give not give sent afte was de	n an interview no n a Notice of Mis er denial/termina	ssed Interview tion notice was 30 th day from t	s sent		ation option to deny early for

Do	ocumentation				
	Insufficient documentation to support denial/termination				
De	enial/Termination Due to Income				
☐ Income was budgeted incorrectly due to:					
☐ Conversion					
	☐ Frequency of Pay				
	☐ Counted income that should have been excluded				
	☐ Overtime and/or Tips				
	☐ Simplified Reporter (acted on a change not required to)				
	☐ Other				
	Income of CE household was compared to gross income limit				
	Household with an Elderly/Disabled member was compared to 130% FPL				
No	otices				
	Notice was sent in incorrect language				
	Notice was unclear and/or reason code was invalid				
	Notice was untimely				
En	nployment & Training/ABAWD Rules				
	Denied/terminated inappropriately due to Voluntary Quit				
	Incorrectly classified as an ABAWD				
	Countable months were incorrectly calculated				
	Individual was eligible for the second set of countable months				
Sy	rstem Error				
	Worker took action to approve but benefits were not issued				
	Auto-terminated when should have remained pended				
	Auto-denied prior to the 30 th day from the date of application				
	Application was denied prior to the 30 th day from the date of application and option to deny early for				
	failure to provide verification does not apply				
Ot	her				
	Household composition				
	Non-citizen determination				
	Transitional Benefits not issued				
	Student status				
	Residency				
	Acted on information that was not verified upon receipt				
	Simplified Reporter denied for failure to return interim report but it was in the file				
	CE case was terminated instead of suspended				
	Other				